

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department on Disability Services**



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Subject: <b>Individual Support Plans</b>	

**1. PURPOSE**

This purpose of this policy is to delineate DDS and provider responsibilities and establish guidelines, protocols, and procedures for the development of Individual Support Plans for persons who receive services funded or arranged by the District of Columbia Department on Disability Services.

**2. APPLICABILITY**

This policy applies to all DDS employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports to individuals with developmental disabilities.

**3. AUTHORITY**

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the "Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

**4. DEFINITIONS**

**Appeal:** An individual who is dissatisfied with the approved contents of the Individual Support Plan shall have the opportunity to formally request reconsideration of the determination of ISP content through an administrative fair hearing process.

**Assessment:** refers to the process of identifying an individual's specific strengths, developmental needs, and needs for services. This process should include identification of the individual's present developmental level and health status and, where possible, the cause of the disability; the expressed needs and desires of the individual and his or her family; the current known abilities, strengths and talents of the individual; and the environmental conditions that could facilitate or impede the individual's growth, development, and performance.

**Behavior Support Plan (BSP) or Behavioral Plan:** refers to a component of the Individual Support Plan (ISP) that defines individually tailored behavior supports designed by a licensed professional, or behavior management specialist supervised by a licensed professional, to assist an individual in ameliorating and/or eliminating the negative impact that one or more challenging behaviors have on his or her daily life. The BSP identifies strategies and services necessary to support and encourage the person in his or her decision to reside within the community; to decrease the impact of a behavioral event; to assist the person in developing alternative and more effective communication, adaptive and coping mechanisms; and to enable the person to achieve positive personal outcomes. The BSP is based on an understanding that there are reasons for challenging behaviors and others in a person's life must work to understand the underlying reasons. Therefore, BSPs must be based on a thorough and thoughtful functional assessment that results in a BSP with steps and methods to help the individual address his/her challenging behaviors and to assist the person with development of positive behaviors as a replacement for challenging behaviors. In accordance with D.C. Official Code § 7-1301.03(2A), at a minimum, the BSP must (a) identify challenging or problematic behavior; (b) state the working hypothesis about the cause of the individual's behavior and uses the working hypothesis as the basis for the selected intervention; (c) identify strategies to teach or encourage the individual to adopt adaptive behavior as an alternative to the challenging or problematic behavior; (d) consider the potential for environmental or programmatic changes which could have a positive impact on challenging or problematic behaviors; and (e) address the individual's need for additional technological or supervisory assistance to adapt or cope with day-to-day activities.

**Burden of Proof:** refers to the requirement that the one party show by a "preponderance of evidence" or "weight of evidence" that all the facts necessary to prevail on an argument or judgment are presented and are probably true.

**Day:** means a calendar day unless noted specifically in the procedures as a business day.

**Designated Representative:** means a person whom the individual has, through consent, chosen as a representative, or who has come forward as an advocate for the individual's interests, in connection with the development and review of the ISP, who is not otherwise disqualified from taking an appeal, and who is acknowledged by the DDS to be the designated representative for the individual in connection with such service planning.

**Emergency Admission:** an emergency admission is made to a respite setting or residential support services when the person's health and welfare is considered to be in imminent risk as a result of abuse or neglect, or the person is homeless, has lost natural caregivers or because other aspects of a person's life or living situation have rapidly deteriorated, and is

not capable of ensuring his/her own health and welfare without supervision and support. If any DDS employee has reason to believe that an emergency admission is required, he or she shall notify his or her division director within one (1) business day.

**Evaluation or Comprehensive Evaluation:** refers to that part of the assessment process performed by professionals according to standardized procedures that incorporate, when possible, standardized tests and measures in addition to informal and observational measures intended to determine the person's strengths, developmental needs, and need for services. In accordance with D.C. Official Code § 7-1301.03(6), the initial comprehensive evaluation or screening shall include, but not be limited to, documentation of: (a) a physical examination that includes the person's medical history; (b) an educational evaluation, vocational evaluation, or both; (c) a psychological evaluation, including an evaluation of cognitive and adaptive functioning levels; (d) a social evaluation; (e) a dental examination; (f) an evaluation of whether the person has the capacity to grant, refuse or withdraw consent to any ongoing medical treatment; and (g) a determination of whether the person (i) has or could execute a durable power of attorney, (ii) has been offered an opportunity to execute a durable power of attorney, and declined, or (iii) has an individual reasonably available, mentally capable, and willing to provide substituted consent. In accordance with D.C. Official Code § 7-1305.04(a)(3), annual reevaluations or screenings shall be provided as determined by the individual's needs and his/her team, but must include at a minimum a physical examination as described above dated within the last twelve (12) months, a dental examination dated within the last twelve (12) months, a review of all mental health services (including psychotropic medications, behavioral support plans, and any other psychiatric treatments), and a review and update of information on whether the person has the capacity to grant, refuse, or withdraw consent to any ongoing medical treatment, and whether the person (i) has or could execute a durable power of attorney, (ii) has been offered an opportunity to execute a durable power of attorney, and declined, or (iii) has an individual reasonably available, mentally capable, and willing to provide substituted consent. Notwithstanding the above, for persons residing in an intermediate care facility for persons with mental retardation (ICF/MR), conditions of participation set forth in 42 CFR § 483.440 require an initial comprehensive evaluation review or screening and annual reevaluation or screening thereafter to include each of the items in the initial comprehensive evaluation and an assessment of nutritional status, sensory and motor development, affective development, speech and language development, and auditory functioning.

**Fair Hearing:** If an individual, or their authorized representative, is dissatisfied with the ISP, he shall have an opportunity to appeal the DDA decision, or approval of the ISP, in an administrative hearing conducted by a hearing officer. The individual shall have the opportunity to present supporting evidence, and to call and examine witnesses. The hearing officer will issue a decision either upholding or reversing the agency's decision in part or in whole.

**Family:** means parents, foster parents, spouses, siblings, and others who perform the roles and functions of family members in the life of an individual, including persons in a relationship of mutual support with an individual that is exclusive and expected to endure over time. Family should be encouraged to participate in the development of the ISP unless the individual knowingly objects.

**Follow-Along Plan:** a Follow-Along Plan (FAP) is a shortened version of the ISP. The Follow-Along Plan is utilized for individuals who live at home with their family or in their own homes who receive minimal supports such as day supports and respite funded by local dollars only, or service coordination only. The FAP may not be used for an *Evans* class member.

**Goals:** means measurable supports or training to achieve an outcome.

**Home and Community-Based Services Waiver (HCBS):** The range of community support services approved by the Centers for Medicare and Medicaid Services (CMS) pursuant to § 1915(c) of the Social Security Act to be offered to DDS consumers who would otherwise require a level of care provided in an ICF/MR.

**Individual:** means, except where otherwise specified, a person receiving services or supports provided, funded, or arranged by the DDS.

**Individual Habilitation Plan (IHP):** That plan as set forth in Section 403(b) of the “Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978,” effective March 3, 1979 (D.C. Law 2-137; D.C Official Code § 7-1304.03(b)).

**Individual Program Plan (IPP):** The written plan that describes how the goals as set forth in the ISP are to be implemented. For individuals residing in an ICF/MR, the provider will develop an IPP with the participation of the IDT per 42 CFR § 483.440 (6). For HCBS waiver participants, the provider is responsible to prepare and implement a written support plan per the requirements for the specific waiver service being delivered (e.g. 29 DCMR § 946.5 Residential Habilitation, or 29 DCMR § 993.5 Supported Living)

**Individual Support Plan (ISP):** The successor to the individual habilitation plan (IHP) as defined in the “2001 Plan for Compliance and Conclusion of *Evans v. Williams*.” The Individual Support Plan is the document describing the results of the person-centered planning process, addressing the strengths, preferences, needs and dreams as described by the person and the team. The ISP also serves as the HCBS waiver plan of care to authorize waiver service type, amount and duration. The ISP will include all services identified in support of the individual, including Medicaid state plan, HCBS waiver, generic and natural supports as appropriate.

**Interpreter:** An individual who translates orally and/or in writing in one language to another. Interpretive services shall also include a sign language interpreter who is a person trained in translating between a spoken and signed language, and translation services and/or technology for individuals with communication disabilities, deafness and/or hard of hearing. Interpretive services shall also include other reasonable accommodations and materials for the blind, such as materials translated in Braille. Such services shall also be provided through the pre-ISP meeting, formal ISP meeting(s), and if necessary, through the DDS administrative hearing process.

**Interpretation:** the process of orally conveying the meaning of a source from the source’s language into the language of the native speaker who is seeking the service(s) and vice versa. There are three different types of interpretation:

- a. Consecutive Interpretation: occurs when an interpreter interprets a speaker's words orally after the speaker has communicated. The interpretation process follows in a consecutive manner. First a speaker speaks in one language, pauses, and gives the interpreter a few moments to interpret their words into the target language. This entails note taking and memory. A speaker should pause after two or three sentences to allow the interpreter to render his or her meaning faithfully into the target language.
- b. Simultaneous Interpretation: occurs when an interpreter speaks simultaneously with the source language speaker (i.e. while the client or service provider is still speaking). This usually entails auditory equipment for the listeners of the target language. Simultaneous interpretation works best in large settings, such as for public hearings or large events.
- c. Sight Translation: occurs when an interpreter reads a document written in one language and translates it orally into another language.

**Intervention Strategy**: means training or a teaching procedure, a manipulation or change of environment or the provision of supports designed to teach or assist an individual to achieve a goal or a specific objective. Depending on its content, an intervention strategy may also fall within the definition of a behavior modification intervention.

**Quality Outcomes**: refer to the eight quality of life areas listed below. Within each of these eight areas, the goals and any supports or strategies identified in the ISP/FAP must be consistent with and promote the following outcomes for individuals:

- a. Rights and Dignity. The individual's rights are respected; the individual is supported in the responsible exercise of those rights, and other supports are in place to assist, as necessary, in protecting the individual's human and civil rights; the individual's dignity is recognized and affirmed in the individual's home and community and in the manner in which supports are provided;
- b. Safety and security. The individual feels safe and secure within the community and neighborhood. The individual lives and works in environments that are inclusive, safe, secure, and are adapted if necessary to meet their needs, and safeguards are in place to respond to emergencies;
- c. Health and Wellness. The individual receives health care and related services which are sufficient and appropriate to optimize their health and well-being;
- d. Choice and Decision making. The individual has opportunities to express themselves as effectively as possible and to thereby exercise control and choice in their life, and has access to education, experiences, and supports to increase their self-determination; the individual's opinions and preferences are listened to and treated seriously; the individual's needs and preferences are reflected in their activities and routines;
- e. Community Inclusion. The individual has a home which is similar in appearance to surrounding homes, which offers safety, refuge, rest, and satisfaction to the individual, and into which the individual can invite friends, family, neighbors and others to whom they wish to offer hospitality; where individuals have many and varied opportunities to participate in and contribute to the life of their community

through work and integrated social and recreational activities in culturally typical settings;

- f. Relationships. The individual has opportunities and support, as needed, to develop, sustain, and strengthen varied and meaningful relationships with family, friends, neighbors and co-workers;
- g. Service Planning and Delivery. The individual has access to the supports necessary to enable them to contribute to their family and community, be as self-reliant as possible, develop their unique talents and abilities, and achieve their personal goals; and
- h. Satisfaction. The person is supported by the services and supports they receive to live a life of their choosing.

**Outcome**: means tangible results of goals that reflect the desired quality of life as defined by the individual.

**Preponderance of the Evidence**: the greater weight of the evidence required in a civil (non-criminal) lawsuit or matter for the trier of fact (jury or judge without a jury) to decide in favor of one party or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence.

**Provider**: refers to the individual, agency or other legal entity with day-to-day responsibility for the operation or delivery of services or supports or facilities regulated by DDS by law or contract as outlined in the individual's ISP.

**Qualified Mental Retardation Professional (QMRP)**: refers to an individual who monitors, integrates, and coordinates, and is responsible for the development of an individual's ISP in an ICF/MR setting. The QMRP must have at least one year of experience working directly with individuals with intellectual disabilities or other developmental disabilities and is either a doctor of medicine or osteopathy or a registered nurse, or an individual who holds at least a bachelor's degree in a professional category specified in 42 C.F.R. § 483.430(b)(5). Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the jurisdiction in which he or she practices. See also the definition for "Qualified Mental Retardation Professional" in D.C. Official Code § 7-1301.03(21).

**Screening**: refers to that part of the assessment process that is of limited scope and intensity and designed to determine whether or not further evaluation or other intervention is indicated.

**Self-determination**: refers to the right of persons with developmental disabilities – like all other people – to be afforded the opportunities, support and personal authority to freely make choices and decisions about how they want to lead their lives and to have those choices and decisions respected and carried out. Fostering self-determination requires advancing the following five principles:

- a. Freedom to make choices and to choose a meaningful life in the community;
- b. Authority over a targeted amount of dollars, services and supports;
- c. Support to organize resources in ways that are life enhancing and meaningful;
- d. Responsibility for organizing resources to make the best use of the funding and to enable each individual to make contributions to their communities; and

- e. Confirmation of the important leadership role which individuals with disabilities and their families must play in newly re-designed systems and in supporting self-advocacy.

**Services:** are defined as those funded day, vocational, residential, habilitative and/or therapeutic services delivered by an ICF/MR, HCBS waiver or Human Care Agreement provider, or through the DC Medicaid State Plan.

**Service Coordinator:** refers to the person who facilitates and supports the individual to participate in, guide, and inform the planning process. The service coordinator is designated by DDS to identify, arrange, coordinate, monitor, and to remain informed about, services or supports funded or arranged by DDS for the individual, to be responsible for the development of an ISP for the individual, to advocate on behalf of the individual, and support the person to be an effective self-advocate.

**Supervisory Service Coordinator:** refers to the person who coordinates and implements a comprehensive service coordination program to identify individual and systemic needs, identify formal and informal services and resources to meet those identified needs, monitor the quality of service delivery, and ensure remediation of service delivery deficits in disability services on behalf of the District of Columbia. Reviews and approves Individual Service Plans (ISP's); reviews and approves monitoring tools, alerts, and action plans related to ISP's and service delivery concerns; reviews case notes for thoroughness and accuracy; resolves service delivery and health care concerns that are not fully addressed by service coordinators.

**Supports:** means those resources and services (both paid and unpaid) that promote the interests and causes of individuals with or without disabilities; that enable them to access resources, information, and relationships inherent in integrated work and living environments; and that result in their enhanced independence, productivity, community integration, and satisfaction.

**Team:** means the individual and the group of people chosen by the person who provide support to the individual, most typically the Service Coordinator/QMRP, members of the individual's family; friends; the individual's guardian, if any; peer counselor, representatives of providers of supports to the individual, provided, however, that at the individual's, guardian's, or family's request, Service Coordinator/QMRP may limit the participation of a provider representative to those portions of the ISP meeting which concern the supports being provided by the provider; and the individual's designated representative and others who provide friendship and support to the individual or whom any of the participants consider necessary, unless the individual objects to such person's participation. For the purposes of this policy, the use of the term "team" includes the Interdisciplinary Team (IDT) as used in 42 CFR § 483 and 22 DCMR, Chapter 35 for persons in a regulated residential setting.

## 5. POLICY

It is the DDS policy that all eligible individuals receiving services through the DDA service delivery system will receive an annual ISP or FAP. The ISP/FAP is developed through a process of individualized needs, strengths and preferences determination, is person-centered, and empowers to individual to exercise choice and control over his/her supports

and services necessary to lead a valued life in his/her community. The individual with developmental disabilities, and where appropriate his or her parents, legal guardian, or authorized representative, shall be supported to actively participate in the development of the ISP/FAP. Each individual receiving services funded by DDA shall have an ISP/FAP that is reflective of their services, supports, needs, known abilities and preferences, and current circumstances. These rights include the right to appropriate services and supports in the most integrated setting possible. To ensure that the ISP/FAP and provision of services and supports is centered on the individual and the family of the individual, and promotes appropriate outcomes for the individual, the ISP/FAP must reflect the needs, known abilities and preferences of the individual, promote community integration and relationship building, and secure a safe and healthy living and working environment.

Individuals who are supported in ICF/MR settings will have an ISP developed, coordinated and monitored by the ICF/MR QMRP with the full participation of the DDA Service Coordinator who ensures the individual's rights as described above are supported. The DDA Service Coordinator is also responsible to monitor the implementation of the ISP per the Service Coordinator Monitoring Policy.

Individuals who receive funded services through the HCBS waiver will have an ISP developed, coordinated and monitored by the DDA Service Coordinator.

Individuals who receive funded day/vocational services only through local funding will have at least a FAP developed, coordinated and monitored at least annually. The individual and his/her team may choose to develop an ISP if desired.

All *Evans* class members must have an ISP developed on an annual basis regardless of level of service or funding source per the 2001 Plan for Compliance: Goal A.

Individuals who reside in settings located outside of the District of Columbia, Maryland or Virginia will have an ISP developed by the Residential Provider Agency and be approved by the DDA Service Coordinator. The DDA Service Coordinator will participate in the ISP meeting in person or via phone conference in all cases.

Individuals who do not receive funded services and live in his/her own home or family home will have a FAP developed, coordinated and monitored at least annually by the DDA Service Coordinator.

## **6. RESPONSIBILITIES**

The responsibility for this policy is vested in the Director of the Department on Disability Services, and the implementation of the policy is the responsibility of the Deputy Director of the Developmental Disabilities Administration.

## **7. STANDARDS**

In order to ensure compliance with all programmatic, statutory and court-mandated matters pertaining to the delivery of services to individuals receiving services funded or arranged by DDS, DDS has adopted the following standards:

- A. Each individual receiving services funded by DDA shall have an ISP/FAP that is reflective of his/her personal goals, services, supports, needs, preferences, known abilities and current circumstances.
- B. The ISP/FAP shall be developed and available to the individual in his/her primary language or mode of communication. The individual will be offered interpreter and translation services to fully participate in his/her ISP/FAP meeting.
- C. Individuals, their families and designated representatives shall fully direct (to the extent possible) all aspects of ISP/FAP development. The DDA Service Coordinator shall ensure that all necessary supports and education are provided to facilitate their full inclusion in the process. Every effort shall be made to schedule planning meetings at times and locations that facilitate their participation.
- D. Assessments, evaluations, and screenings shall be developed to obtain information that will assist the individual and other team members to establish goals in one or more life areas, to identify the individual's capabilities and areas in need of learning and skill development relative to those goals, and to identify the strategies and supports that are the most integrated and likely to be effective in assisting the individual to attain their goals.
- E. In accordance with D.C. Official Code § 7-1301.03(6) for the ISP or FAP, the initial comprehensive evaluation or screening shall include, but not be limited to, documentation of: (a) a physical and dental examination that includes the person's medical history; (b) an educational evaluation, vocational evaluation, or both; (c) a psychological evaluation, including an evaluation of cognitive and adaptive functioning levels; (d) a social evaluation; (e) a dental examination; (f) an evaluation of whether the person has the capacity to grant, refuse or withdraw consent to any ongoing medical treatment; and (g) a determination of whether the person (i) has or could execute a durable power of attorney, (ii) has been offered an opportunity to execute a durable power of attorney, and declined, or (iii) has an individual reasonably available, mentally capable, and willing to provide substituted consent. In accordance with D.C. Official Code § 7-1305.04(a)(3), annual reevaluations or screenings shall be provided as determined by the team, but must include a review of medical and dental status, all mental health services (including psychotropic medications, behavioral support plans, and any other psychiatric treatments), and a review and update of information on whether the person has the capacity to grant, refuse, or withdraw consent to any ongoing medical treatment, and whether the person (i) has or could execute a durable power of attorney, (ii) has been offered an opportunity to execute a durable power of attorney, and declined, or (iii) has an individual reasonably available, mentally capable, and willing to provide substituted consent. Notwithstanding the above, for persons residing in an ICF/MR, conditions of participation set forth in 42 CFR § 483.440 require an initial comprehensive evaluation review or screening and annual reevaluation or screening thereafter to include each of the items in the initial comprehensive evaluation and an assessment of nutritional status, sensory, motor development, affective development, speech and language development, and auditory functioning. Notwithstanding the above, for persons residing in, or admitted to group homes, the provider must follow the latest addition of Title 22, Chapter 35 of the District of Columbia Municipal Regulations.

- F. Except as provided herein, the initial ISP/FAP must be approved and disseminated within one hundred twenty (120) days of eligibility determination if also found eligible for HCBS waiver or ICF/MR services. Each subsequent ISP shall be held, and submitted to the DC Superior Court if applicable, within one (1) calendar year of the initial ISP.
- G. Individuals who are not seeking funded services or are not found eligible for HCBS waiver or ICF/MR services will have a FAP developed and disseminated within one hundred and fifty (150) days of eligibility determination.
- H. In cases where an individual is deemed to be in an emergency situation requiring immediate intervention to assure the health and welfare of the individual, the Intake Office will immediately refer the person to the Provider/Resource Management Unit for emergency respite or residential placement and may do so without necessary assessments or an ISP.
- I. Individuals admitted into an ICF/MR without an ISP must have one completed within ten (10) days of that admission per 42 CFR.
- J. The ISP/FAP shall be implemented within thirty (30) days by all currently identified service providers. For services not currently in place, the ISP/FAP shall be implemented in not more than ninety (90) days, unless the person is designated to be on the DDA waiting list for services. Individuals who are admitted into a DC Chapter 35 regulated residential setting the ISP must be implemented within ten (10) days of that admission. In accordance with the federal and local Anti-Deficiency Acts, implementation of the ISP/FAP is subject to the extent of funds appropriated for the purposes of providing services and supports to individuals.
- K. The ISP/FAP shall have distinct sections which clearly describe the individual's current status, vision for the future, outcomes, goals, implementation strategies, emergency back-up plan as needed, and the opportunity to indicate approval or disapproval with the plan.
- L. The ISP will be reviewed by the DDA Service Coordinator, individual and team members no less than quarterly.
- M. The FAP will be reviewed by the DDA Service Coordinator, individual and team members no less than annually.
- N. The individual or other team members may request more frequent reviews depending on the individual's desires, goals, needs and circumstances.

## **8. PROCEDURES**

### **A. Timing of the ISP Meeting**

- 1. The ISP or FAP development process must occur within one hundred and twenty (120) days from the determination of eligibility.

- a. The ISP/FAP meeting is to be held within ninety (90) days of eligibility determination.
  - b. In the case of a commitment or admission of an individual into DDA residential services by the DC Superior Court, an ISP meeting and subsequent plan must be developed prior to the commitment or admission, and be updated within thirty (30) days after such commitment.
  - c. In the case of an emergency, an individual may be admitted into residential services and be presented to DC Superior Court without an ISP. DDA will ensure an ISP is developed and filed within ten (10) business days of that admission or commitment hearing to the DC Superior Court.
  - d. Approval and dissemination of the ISP/FAP shall occur within one hundred twenty (120) days of eligibility determination.
2. Notwithstanding paragraph 8.A.1., for individuals aging into DDA-funded services from other service systems (*i.e.* D.C. Public Schools, Child and Family Services Agency, Department on Youth Rehabilitation Services), eligibility determination should occur not less than one (1) calendar year before the person ages out of those service systems. The initial ISP should take place one hundred twenty (120) days prior to age-out, with the above steps 1(a) through 1(e) taking place prior to the ISP/FAP (effectively initiating the process two hundred forty (240) days prior to aging out).

## **B. Assessments, Evaluations and Screenings**

1. In preparation for the ISP/FAP meeting, assessments, evaluations and screenings shall be conducted:
  - a. with respect for the dignity, comfort, and convenience of the individual;
  - b. in a manner that recognizes and builds off of the capabilities of the individual, especially with regard to self-expression and self-determination;
  - c. reflecting consideration of the individual's cultural, ethnic, and linguistic backgrounds, as well as any need for accommodation based upon disability or other factors; and
  - d. as appropriate and feasible regarding particular skills or behaviors, in the actual environment in which the individual would typically perform the skill or behavior, or in a similar setting.
2. For the Initial ISP/FAP, the comprehensive evaluation must meet the standards described outlined in Standard E.
3. Notwithstanding the assessment standards described in Standard E above, the ISP/FAP team shall determine whether additional assessments, evaluations or screenings would benefit the individual or assist the team in identifying strengths and limitations related to the individual's ability to exercise greater independence, self-determination, and social competence throughout his or her daily life. This will occur thirty (30) days prior to Initial Planning meetings or

be determined by the person and his/her team at the initial planning meeting days before the annual plan is due.

4. Annual re-assessment requirements include a physical examination within the preceding twelve (12) months, including an update of the Health Care Management Plan and Health Passport if applicable; a dental examination within the preceding twelve (12) months; a summary of progress in all goals and action steps; and those additional assessments, evaluations or screenings that would benefit the individual or assist the team in identifying strengths and limitations related to the individual's ability to exercise greater independence, self-determination, and social competence throughout his or her everyday life. This determination of additional assessment, evaluations or screenings will be discussed by the person and his/her team at the quarterly review meeting/teleconference ninety (90) days before the annual plan is due.
5. For any person receiving case management services from the Health Services for Children with Special Needs (HSCSN), the Service Coordinator shall obtain a copy of the plan of care prepared by HSCSN for inclusion in the ISP/FAP.

### **C. ISP/FAP Meeting Preparation**

1. Prior to the ISP/FAP meeting, the Service Coordinator/QMRP shall meet with the individual, their family, guardian, peer counselor, or, designated representative to review the ISP tool, respond to questions about the ISP/FAP process, and discuss the assessments and consultations. If an interpreter is required for the pre-meeting, the DDA Service Coordinator will assist in making those arrangements.
2. At this pre-ISP/FAP meeting, the participants for the ISP/FAP meeting shall be identified.
3. Prior to the ISP/FAP meeting, the Service Coordinator/QMRP shall offer interpretive services to the individual and/or family and DDS (or the provider for purposes of an ICF/MR) shall provide such services at the ISP/FAP meeting to the extent requested. These interpretive services shall be provided in accordance with this paragraph at any pre-ISP/FAP or ISP/FAP meeting.

### **D. Initial ISP/FAP Meeting and Components of the ISP/FAP**

The Service Coordinator/QMRP shall consult with the individual and/or family and meet with the individual and other ISP/FAP team members to develop an ISP/FAP that shall include:

1. Discussion of the individual's current circumstances which should include their home and employment and any supports being provided. The team shall discuss the circumstances in terms of the individual's satisfaction and changes which must be made in order for the individual to achieve their goals;
2. Discussion of experiences and events in recent years that may affect the individual's immediate future, general health, safety, or long-term goals;

3. Development of Goals and Action Steps that set forth:
  - a. The individual's specific goals and desires to be attained-which shall be based on the actual needs and known abilities of the individual and not the availability of such supports;
  - b. Measurable goals for completion of outcomes;
  - c. Target dates for completion of goals;
  - d. The identity of the party responsible for providing supports, services, and the frequency, availability and duration of such supports;
  - e. The supports and strategies that afford the most opportunity for community integration and self-determination that will be utilized to assist the individual to attain these goals. Strategies may include instruction in skills related to health and safety, self-care, communication, home living, work, leisure, social interactions, community use, self-direction and functional academics, provision of medical, dental and specialty services such as physical or occupational therapy, psychiatric or psychological services, and legal or advocacy services;
  - f. The settings in which the strategies will be implemented and the supports provided;
  - g. The expected duration and frequency of the supports;
  - h. The criteria to be utilized in evaluating the effectiveness of such supports in achieving the individual's goals;
  - i. Specific staff training required;
  - j. Staffing ratios;
  - k. Identifies the strategies for meeting any unmet support needs;
  - l. Team members' responsibilities for documenting progress towards the achievement of goals, identifies individuals responsible for monitoring and reporting on implementation of the support agreement as well as the format and frequency of such monitoring and reporting;
  - m. Documentation indicating that the individual or the individual's family, guardian, or designated representatives, when applicable, has been involved in development of the ISP/FAP, and agree or disagree with the ISP/FAP; and
  - n. The date of the next review of the ISP/FAP, which shall be no later than one (1) calendar year from the date of the initial ISP meeting.

#### **E. Approval, Dissemination, and Implementation of the Initial ISP/FAP**

Within thirty (30) days following the ISP/FAP meeting:

1. For people supported in an ICF/MR the QMRP completes the ISP, the QMRP shall deliver the completed ISP to the Service Coordinator within seven (7) days.

2. For people receiving supports and services funded through DDS, the Service Coordinator shall complete the ISP/FAP within seven (7) days of the date of the ISP/FAP meeting.
3. Within three (3) days of receipt of the completion of the ISP/FAP meeting (if the Service Coordinator facilitates the meeting) or receipt of the ISP by the QMRP (if the QMRP completes the ISP), the Service Coordinator shall submit the ISP/FAP to the Supervisory Service Coordinator (SSC) for review and approval.
4. The ISP/FAP shall be reviewed by the SSC for approval or disapproval in part or in whole.
5. If the SSC disapproves the ISP/FAP, in whole or in part, then the SSC shall discuss the reasons for the disapproval with the Service Coordinator/QMRP and suggest changes to the ISP/FAP. If those changes are substantive, the Service Coordinator must re-convene the team to address those changes within seven (7) days. The revised ISP/FAP shall be re-submitted to the SSC for review and approval.
6. Upon receipt of the SSC's approval, the Service Coordinator/QMRP shall disseminate the ISP/FAP to the individual, the individual's family, guardian, or designated representative, and providers.
7. The individual or designated representative has the right to request an appeal of the ISP/FAP within ten (10) business days of receipt of the ISP/FAP. If no appeal is timely received, the ISP/FAP is deemed approved, and shall be implemented by service providers within thirty (30) days of the ISP/FAP meeting (or as otherwise required in the jurisdiction in which the individual resides).
8. For services not currently in place, the ISP/FAP shall be implemented in not more than ninety (90) days, unless the person is designated to be on the DDA waiting list for services. Individuals who reside in an ICF/MR or Chapter 35 licensed homes must have the services detailed in the ISP that are the responsibility of the residential provider implemented within thirty (30) days.

**F. Annual ISP/FAP Update**

1. Within one (1) calendar year of the date of which an ISP/FAP was developed, the Service Coordinator/QMRP shall convene a meeting of the team to review and update the individual's ISP/FAP. Refer to Section D of these procedures.
2. The Service Coordinator/QMRP shall obtain and distribute any new or updated assessments, evaluations and screenings, review monitoring and incident reports generated by DDA and the provider, and, in consultation with the individual and other team members, make appropriate updates to the ISP/FAP based on a review of the following:

- a. The satisfaction of the individual and others, including the individual's family and guardian, if any;
- b. Progress toward achieving the goals identified in the ISP/FAP; and
- c. Any significant changes in the individual's circumstances or abilities, including:
  - i. Changes in the individual's eligibility (waiver eligibility, ICF eligibility or Departmental eligibility);
  - ii. Changes in the individual's physical or mental health, including a review of the appropriateness and effectiveness of current medications and behavior modification procedures;
  - iii. Changes in the individual's financial resources;
  - iv. Changes in the individual's ability to make informed decisions regarding their personal or financial affairs; and
  - v. Whether the goals identified in the ISP are consistent with the current desires and needs of the individual and whether the strategies and supports identified in the ISP continue to afford the most community integration, appropriate and available strategies and supports to promote achievement of those goals; and
  - vi. The continued effectiveness and appropriateness of any authorizations given by the individual, family, guardian, a court, or other authority.

#### **G. Approval, Dissemination, and Implementation of Updated ISP/FAP**

The updated ISP/FAP shall be approved, disseminated and implemented in accordance with the procedures set forth in Section E of these procedures.

#### **H. Amendment of the ISP/FAP**

The ISP/FAP shall be amended when necessary to reflect changes in the individual's goals and needs, to promote a quality of life for the individual, and to provide the most adequate and appropriate supports consistent with the individual's desires and needs. Review of the ISP shall be conducted no less than quarterly in accordance with the applicable federal and local regulations depending on the services being provided (e.g. ICF/MR or HCBS waiver services). Review of the FAP shall be conducted no less than annually.

- 1. Any of the following changes, unless proposed as part of the annual review process, shall be considered an amendment of the ISP/FAP and shall require an ISP/FAP amendment meeting:
  - a. Any change in the goals/needs/preferences for the individual is present;
  - b. Any change in the strategies, or the types of supports identified in the ISP that will be utilized to assist the individual to attain the identified goals, or in the duration and frequency of such strategies and supports, or in the strategies that will be used to address unmet support needs;

- c. Initiation of a behavior support plan or modification of any part of a behavior support plan involving the use of a restrictive measure;
  - d. A change in the location of an individual's home operated by a provider of residential supports to another residence. No such change in location is permitted without the documented approval of the individual or his/her representative and service coordinator; and
  - e. A change in service provider.
- 2. Requests for amendments shall be addressed to the Service Coordinator/QMRP and may be initiated by the person or any member of their team.
- 3. The Service Coordinator/QMRP shall set a meeting or conference call with the individual and team members to address the requested amendment as soon as possible but, at minimum, within thirty (30) days of the request for the amendment.
- 4. After an amendment meeting, or conference call, the Service Coordinator/QMRP shall submit recommended amendments to the Supervisory Service Coordinator according to the procedures established in Section E of this Amendment section.
- 5. Emergency Circumstances: where amendments are in response to circumstances that pose an emergency involving a serious or immediate threat to the health or safety of the individual or others, the amendment may be implemented immediately and the amendment meeting may be postponed to a date no later than thirty (30) days after the emergency. On or before the next business day, the Service Coordinator/QMRP shall notify team members of the emergency amendment meeting. In these circumstances, necessary services shall be immediately requested; authorization may be granted for a period of no more than thirty (30) days pending completion of the amendment meeting and subsequent documentation.

## **I. ISP/FAP Appeal**

- 1. The following issues are subject to appeal:
  - a. Whether the assessments performed or arranged by DDS or the provider for the development and review of an individual's ISP/FAP were sufficient for that purpose;
  - b. Whether the goals identified in the ISP/FAP are consistent with and promote the outcomes identified by the ISP/FAP team;
  - c. Whether the types of supports identified by the person or their ISP/FAP team afford the most integrated community lifestyle and are appropriate and available to meet the goals stated in the ISP/FAP;
  - d. Whether the ISP/FAP team's assessment of the individual's ability to make health, financial and other personal decisions is consistent with the available evidence; and
  - e.. Whether the ISP/FAP is being implemented as approved.

2. An appeal may be initiated by any of the following individuals: the individual for whom the ISP/FAP has been developed, their family, guardian, or designated representative.
3. A party may initiate an appeal by notifying the Service Coordinator/QMRP in writing. The individual who is the subject of the appeal shall be deemed a party, whether or not they initiated the appeal.
4. Upon receipt of an appeal, the Service Planning Program Administrator (SPPA) shall hold an informal conference within thirty (30) days of notification of the appeal. The official responsible for the conference shall notify the individual, the individual's family, guardian, and designated representative, if any, the Supervisory Service Coordinator and the Service Coordinator/QMRP of the date of the informal conference. The purpose of such informal conference shall be to conciliate the issues being appealed and, to the extent that conciliation is not achieved, to clarify issues for further appeal and determine the parties' agreement, if any, to the material facts of the matter.
5. The SPPA shall issue a written summary of the discussion and outcomes no later than ten (10) days following the informal conference.

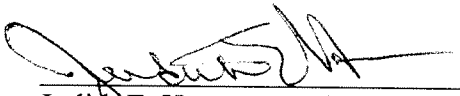
#### **J. DDS Fair Hearing**

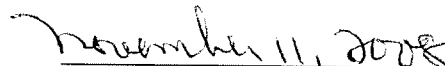
1. If the issues being appealed are not resolved at the informal conference, then the appealing party may petition the DDA Deputy Director, within ten (10) days of receipt of the SPPA's written summary, for a fair hearing;
2. Within thirty (30) days of the filing of the appeal, the DDA Deputy Director or designee shall hold a fair hearing on the appeal;
3. The individual shall have the right to be represented at the hearing by a person of their choosing, at their expense. If the individual is unrepresented at the hearing and desires assistance, or if for any other reason DDA determines that appointment of an advocate would be in the individual's best interest, the Director or a designee shall assist the individual with identifying legal services through organizations such as Quality Trust and University Legal Services to assist in the appeal. Refer to Attachment 4.
4. The individual, other appealing party, and DDA shall have the right to present any evidence relevant to the issues on appeal and shall have the right to call and examine witnesses.
5. The individual or other appealing party, with appropriate authorization, shall have the right, to examine all records held by DDS pertaining to the individual, including all records upon which the decisions at issue were made.
6. The hearing shall not be open to the public, provided that the DDS Deputy Director or designee may allow other persons to attend if they deem such attendance to be in the best interest of the individual.

7. Within ten (10) days of the hearing, the DDA Deputy Director or designee shall issue a written decision that shall include a summary of the evidence presented, findings of fact, conclusions of law, the decision, and the reasons for the decision.
8. Immediately upon issuance, the decision shall be mailed to the individual and to all parties.
9. Within ten (10) days of receipt of the decision, the Service Coordinator shall take action consistent with the findings and decision of the Deputy DDS Director.
10. The burden of proof shall be on the appellant except that, with respect to appeals based on the restrictiveness of supports, the burden of proof shall be on the party advocating the more restrictive alternative.
11. Those portions of the ISP/FAP which are the subject of appeal shall not be implemented until after the informal conference, unless earlier implementation is necessary to respond to a serious or immediate threat to the health or safety of the individual or others. Implementation of any portion of a support plan that is the subject of appeal shall not result in prejudice to any party.
12. The individual is also entitled to file a complaint with the Office of Rights and Advocacy (ORA) if the individual believes that the provider engaged in any coercion, discrimination or reprisal against the individual or their representative for filing an appeal.
13. Any person aggrieved by a final decision of DDS in a fair hearing shall be entitled to a judicial review of the decision, in accordance with the D.C. Administrative Procedures Act.
14. Nothing in this section shall be construed as interfering with the appellant's right to bring the matter before the Office of Administrative Hearings (OAH) or the Superior Court.

#### **K. Monitoring the ISP/FAP**

Each individual's assigned Service Coordinator shall advocate and monitor implementation of the ISP services and supports as outlined in DDA's Service Coordination Monitoring Policy and Procedures. Any alternate monitoring schedules that meet the specific needs of individuals must be identified in the ISP/FAP as approved by the team. Any failure to provide services and supports identified in the ISP/FAP shall be addressed as outlined in DDA's Service Coordination Monitoring Policy and Procedures.

  
\_\_\_\_\_  
Judith E. Heumann, Director

  
\_\_\_\_\_  
Date

## **Attachment 1**

### **DDS Fair Hearing Request**

If you or your legal guardian disagrees with any aspect of your Individual Support Plan or Follow Along Plan, you have a right to challenge it. This challenge may be through a three-step resolution process within DDA, and/or a more formal hearing process at the Office of Administrative Hearings (OAH). DDA staff will begin the resolution process outlined below or send your request directly to the appropriate hearing officer (according to your directions)\* once your completed Hearing Request form is received. If you choose the DDA resolution process, you do not lose your right to a hearing at OAH.

#### **DDA Resolution Process:**

Step 1: Your DDA Service Coordinator explains the regulations on which the action is based and attempts to resolve the disagreement.

Step 2: If the resolution of the problem is unsuccessful, your Service Coordinator arranges a meeting between you and your legal representative, if any, and the DDA Service Planning Administrator.

Step 3: If the Service Planning Administrator does not resolve the issue, your Service Coordinator arranges a meeting between you and your legal representative, if any, and the Deputy Director for DDA.

#### **Formal Hearing with the Department of Health:**

If an individual has received any Medicaid funding as part of their service and support program, they have a right to a formal hearing with the Department of Health. An administrative hearing officer who has no connection with the Developmental Disabilities Administration conducts this type of hearing. These hearings review the evidence presented to them and make a formal determination based on the facts of the case. In a formal hearing, DDA will be represented by an attorney. You may want to have an attorney represent you.

You, your parents and/or your legal guardian or representative may participate in the Division resolution, informal and formal hearings. You may be eligible for help without charge (See Attachment 4). Your Service Coordinator may suggest where free legal help may be available. It should be noted that your attorney represents you but does not necessarily represent your parents or legal representative. To begin the resolution process, fill in and sign the attached sheet and mail it to:

Service Planning Administration  
DDA  
1125 15th St, NW 8th floor  
Washington, DC 20005

### DDS Hearing Request Form

Please complete the following information:		
Name:	Street Address:	Date:
City, State	Zip code:	Telephone: (include area code)
Reason for Appeal:		
Signature of Person and/or Representative:		

Choose all that apply:

- ☐ I want the DDA resolution process
- ☐ I want a Formal Hearing with the Office of Administrative Hearings

Do you want your services continued during the resolution/hearing process?

☐ Yes ☐ No

If you choose “yes” you must file this form within 10 days of the postmark date of the ISP.

Please mail this form to:

Service Planning Administration  
DDA  
1125 15th St, NW 8th floor  
Washington, DC 20005

## **Attachment 2**

**Office of Administrative Hearings  
825 North Capitol Street  
Washington, DC 20002  
Telephone Number 202-724-5431  
Facsimile Number 202-724-4129**

### **APPELLANT'S BILL OF RIGHTS**

**Pursuant to D.C. Official Code § 1-1509**, you are hereby given notice of the following matters relating to the hearing which you have requested:

You have the right to be represented by an authorized representative, such as legal counsel, relative, friend, other spokesman, or you may represent yourself.

You have the right to bring witnesses to the hearing and to present your case without interference. You may try to disprove any evidence presented by the Agency, and you may question all witnesses.

If you or your witness does not speak English, is deaf, or because of a hearing impediment cannot understand or communicate the spoken English language, you or your witness may request an interpreter.

The hearing will be conducted by a hearing examiner in accordance with the provisions of D.C. Official Code § 1-1509.

The hearing will be similar to a court proceeding, but not as formal. The purpose of the hearing is to obtain facts about your case that will allow the hearing examiner to make a proper determination. The hearing examiner will rule on all matters at the hearing.

A witness must testify under oath or affirmation to tell the truth. You may request the appearance of agency witnesses. While the hearing officer does not have authority to compel agency witnesses to appear, the Office of Fair Hearings will refer your request for witnesses to the agency head for compliance.

You should be prepared to present evidence to support any fact you state or any position you take at the hearing. You must be prepared to testify and present evidence that will support your position, such as the notices, letters, or records you have about the agency action you are appealing.

At the hearing, you should be prepared to present evidence to support any fact or position you state.

The following kinds of evidence are admissible:

- (1) Knowledge of the Agency: The agency may take "official notice" of conclusions developed as a result of its intensive experience in its specialized field of activity. You will be informed at the hearing if the agency took "official notice" of any fact and will be given the

opportunity to contest any facts so noticed.

- (2) Testimony of Witnesses: This includes your own testimony.
- (3) Writings: This includes all notices, records, letters, maps, or other written information you have about the hearing issue.
- (4) Experiments, demonstrations and similar means used to prove a fact.

You may object to the admissibility of evidence generally on one of the following grounds in accordance with D.C. Official Code § 1-1509(b).

- (1) Irrelevant: The evidence has no tendency to prove or disprove any issue involved in the proceeding.
- (2) Immaterial: The evidence is offered to prove a proposition which is not a matter in issue.
- (3) Unduly repetitious: The evidence is merely repetitive of what has already been offered and admitted only.

Hearsay evidence is not automatically excluded. Objection to hearsay evidence generally related to the weight to be given to the evidence. In reaching a decision, the hearing examiner will only consider evidence which has been admitted only.

Inform the hearing examiner if at any time during the hearing you decide that you want representation by an attorney. The hearing examiner, in his or her discretion, may grant a recess to allow you to secure an attorney.

A record will be made of the entire proceeding. This will be done by use of a court reporter or tape recording.

The agency may be represented by an attorney at the hearing only if you are represented by an attorney. Parties are not ordinarily represented by an attorney in these hearings. If you desire legal representation, you may wish to contact one of the organizations listed on your hearing notice.

The hearing examiner is an employee with the agency and does not have authority to make a final, independent determination.

The hearing examiner will serve upon the parties a proposed order, including findings of fact and conclusions of law. That order will tell you how to file written exceptions to the proposed order; when oral argument may be made to the director; and who will render the final order.

After the hearing, there will be no continuance or reopening of the hearing to offer additional evidence unless you can show that the additional evidence was not known to you at the time of the hearing or that reasonable diligence would not have discovered the evidence prior to the hearing.

You may appeal the final order to the D.C. Court of Appeals if it is adverse to you. You must file a petition for such judicial review within ninety (90) days following the date the final decision is served upon you.

The record of the hearing will be used by the Court of Appeals in considering any appeal of the agency's decision. The record will include all testimony, rulings on objections, evidence and exhibits presented during the hearing, and will be reviewed by the court to determine if the agency's order should be upheld.

**Attachment 3**  
**DISTRICT OF COLUMBIA**  
**Office of Administrative Hearings**  
**441 4th Street, NW, Suite 540-South**  
**Washington, DC 20001**

**REQUEST FOR A HEARING IN A PUBLIC BENEFITS CASE**

**Section 1** I am a(n): ☐ **APPLICANT** for benefits ☐ **RECIPIENT** of benefits

I am requesting a hearing because I disagree with the action(s) regarding the following program(s):

☐ Food Stamps (FS) ☐ Medicaid DC (MA)  
☐ Interim Disability Assistance (IDA) ☐ General Assistance for Children (GAC)  
☐ Energy Assistance (EA) (DPW/Office of Energy) ☐ Program on Work, Employment & Responsibility (POWER)  
☐ Rehabilitation Services (RSA) ☐ Emergency Shelter (SHELTER)  
☐ Temporary Assistance for Needy Families (TANF) ☐ Child Care  
☐ Other (please specify) \_\_\_\_\_

**Section 2** Reason(s) For Disagreeing with Agency's action: (additional space on back if needed) \_\_\_\_\_

**Section 3** What do you want the judge to do? (additional space on back if

needed) \_\_\_\_\_ **Section 4** DOLLAR AMOUNT of any benefits or assistance that you are seeking (please check one): ☐ maximum benefit for my household size, or ☐ \$ \_\_\_\_\_ per month in benefits **OR** ☐ The overpayment amount I believe I should not have to pay (\$ \_\_\_\_\_)

**Section 5** Do you require special services of any kind to help you participate in the hearing? (Language translation, sign language interpreter, etc.) ☐ Yes ☐ No If Yes, what service is required? \_\_\_\_\_

**Section 6 – Contact Information**

**Name of Applicant/Recipient (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Address:</b> _____	<b>Case</b> _____
<b>City, State, Zip:</b> _____	<b>Case Worker:</b> _____
<b>Telephone No.:</b> _____	<b>Center:</b> _____
<b>Signature:</b> _____	<b>Telephone No.:</b> _____
<b>Number of People in Household:</b> _____	<b>Supervisor:</b> _____
	<b>Center Manager:</b> _____

**Attorney/Representative (if any):**

**Person preparing request (if other than applicant):**

<b>Name: Print name:</b> _____	<b>Address:</b> _____
<b>Signature:</b> _____	
<b>City, State, Zip:</b> _____	<b>Office/Center (if DHS):</b> _____
<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____

**COMPLETE AND SUBMIT A CERTIFICATE OF SERVICE ON THE BACK OF THIS FORM CERTIFYING THAT YOU HAVE SERVED AGENCY REPRESENTATIVES WITH THIS HEARING REQUEST. THE SUBMISSION OF A FALSE STATEMENT ON THIS FORM OR THE CERTIFICATE OF SERVICE IS A CRIME PUNISHABLE UNDER D.C. OFFICIAL CODE § 22-2405.**

**Form OAH-431, Rev. 05-04**

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**CERTIFICATE OF SERVICE**

I certify that a copy of this document was served by: ☐ First-Class Mail ☐ Hand Delivery ☐ Fax

to the APPLICANT/RECIPIENT on the reverse (if prepared by someone other than the applicant/recipient), on the General Counsel, **and** on any program checked below (you must check each program checked on the reverse).

---

Signature

**For DC Medicaid**

Thomas Collier

Department of Health

Medical Assistance Administration

825 North Capitol Street, NE

Washington, DC 20002

## Attachment 4

### **ORGANIZATIONS THAT MIGHT BE ABLE TO HELP YOU WITH YOUR APPEAL**

There are several organizations in the District of Columbia that might be able to represent you in connection with your appeal. These organizations are not connected with the Department on Disability Services in any way. They are independent and have different conditions under which legal assistance can be provided. If you would like to see if one of these groups can represent you, you should contact them immediately. Always call the organization first, to see if they can help you.

#### Neighborhood Legal Services Program

##### Offices

NLS - Main Office  
701 4th Street, N.W.  
Washington, D.C. 20001  
Phone No. (202) 682-2700

NLS - Office  
1213 Good Hope Road, S.E.  
Washington, D.C. 20020  
Phone No. (202) 678-2000

#### Other Legal Services

The Legal Aid Society  
666 11th St., NW  
Washington, D.C. 20001  
Phone No. (202) 682-2700

The Catholic University of America  
Columbia School of Law  
Columbia Community Legal Services  
3602 John McCormack Road, N.E.  
Washington, D.C. 20064  
Phone No. (202) 319-6788  
Fax No. (202) 319-6780

University Legal Services  
300 I Street, N.E., Suite 202  
Washington, D.C. 20002  
Phone No. (202) 547-4747

Civil Practice Clinic  
American University  
4801 Massachusetts Avenue, Suite 417  
Washington, D.C. 20016-8184  
Phone No. (202) 274-4140  
Fax No. (202) 274-0659

Women and the Law Clinic  
The American University College  
College of Law  
4801 Massachusetts Avenue, N.W.  
Washington, D.C. 20016  
Phone No. (202) 274-4140

Community Legal Clinic  
George Washington University  
Suite SL - 101  
2000 G Street, N.W.  
Washington, D.C. 20052  
Phone No. (202) 994-7463

Legal Counsel for the Elderly  
601 E Street, N.W., Bldg. A - 4th Floor  
Washington, D.C. 20049  
Phone No. (202) 662-4933

Ayuda Para El Consumidor  
1736 Columbia Road, N.W.  
Washington, D.C. 20009  
Phone No. (202) 387-4848

The Legal Aid Society  
Family/Landlord and Tenant  
515 5th Street, N.W.  
Washington, D.C. 20001  
Landlord & Tenant (202) 727-1785  
Legal Aid Society Family Svcs.  
(202) 727-2147

Anny Blaine Harrison Institute  
For Public Law  
605 G Street, N.W., Room 401  
Washington, D.C. 20001  
Phone No. (202) 624-8235

Bread for the City  
1525 7th Street, N.W.  
Washington, D.C. 20001  
Phone No. (202) 332-0440

University of the District of Columbia  
School of Law  
4250 Connecticut Avenue, N.W.  
Washington, D.C. 20008  
Phone No. (202) 274-7313

Zacchaeus Legal Clinic  
1525 7th Street, N.W.  
Washington, D.C. 20001  
Phone No. (202) 265-2400

Georgetown University Law Center  
Family Poverty Clinic  
600 New Jersey Avenue, N.W.  
Washington, D.C. 20001  
Phone Nos. (202) 662-9543  
(202) 662-9074

D.C. Law Students in Court Program  
702 H Street, N.W.  
Suite 400  
Washington, D.C. 20001  
Phone No. (202) 638-4798

D.C. Long Term Care  
Ombudsman Program  
Legal Counsel for the Elderly  
1133 20th Street, N.W., 6th Floor  
Washington, D.C. 20037  
Phone No. (202) 872-1494

Washington Legal Clinic for the Homeless  
1800 Massachusetts Avenue, N.W.  
6th Floor  
Washington, D.C. 20036  
Phone No. (202) 872-1494

The Mental Health Law Project  
1101 15th Street, N.W.  
Suite 1212  
Washington, D.C. 20005  
Phone No. (202) 467-5730  
Fax No. (202) 223-0409  
(Cases involving PASARR requirements)

Marshall Heights Community  
Development Organization  
3917 Minnesota Avenue, N.E.  
Second Floor  
Washington, D.C. 20019  
Phone No. (202) 396-1200

George Washington University  
Suite SL-101  
720 20th Street, N.W.  
Washington, D.C. 20052  
Phone No. (202) 994-7463

## INDIVIDUAL FINANCIAL PLAN

<b>Name</b>	<b>Social Security Number</b>
<b>Date of IFP</b>	<b>Medicaid Number</b>
<b>Residence Type</b>	<b>Medicare Number</b>
<b>Funding Source</b>	<b>Day Program Type</b>
	<b>Funding Source</b>

### PART I: Assets and Income

#### A. Assets

##### 1. Bank Accounts

Financial Institution	Acct. Type	Amount
Personal Allowance Account	Checking	
Community Account	Checking	
<b>Total in Accounts</b>		<b>\$0</b>

Note: To enter more than three accounts, Select the row # about the "Total in Accounts" row and from the insert menu choose "Insert" choose "Row above". When you see a "\$0", that is where numbers are entered by the developers or by a formula's calculations.

#### Is consumer saving for a specific purpose?

NO

YES

#### List item and amount already saved

Item	Cost	Amount Saved
		\$0
		\$0

#### 2. Set Asides

Balance/Value

a. Is there a DC Trust burial set aside?

b. Is there a prepaid burial plan?\*

\*Documents of plan must be on file at MRDDA

c. Is there a PASS?\*\*

\*\*An SSA approved plan to achieve self sufficiency

#### B. Income:

##### 1. Projected Income from earnings

Employer	Type of Income	Monthly Amt	Annual Amt
		\$0	\$0
		\$0	\$0
<b>Total Income from Earnings</b>			<b>\$0</b>

## 2. Income from benefits

Type of benefit	Monthly Amt	Annual Amt
	\$0	\$0
	\$0	\$0
	\$0	\$0
<b>Total Income from Benefits</b>		<b>\$0</b>

## 3. Entitlement Statements

a. If consumer is not receiving a benefit, state the reason why.

Type answer here.

b. Note any entitlements not listed above for which this consumer might be eligible.

Type answer here.

## 4. Other Income: (Specify Source)

Source	Type	Monthly Amt	Annual Amt
		\$0	\$0
		\$0	\$0
<b>Total Income from other Sources</b>			<b>\$0</b>

## 5. Income Summary (Excel will calculate)

Total from Earnings # 1	\$0
Total from Benefits # 2	\$0
Total from Other Sources # 4	\$0
<b>Total Projected Income</b>	<b>\$0</b>

## PART II: PROJECTED EXPENDITURES

### A. Projected Expenditures for Plan Year

#### Monthly Personal Allowance/Expenses

Item or Service	Monthly Amt	Annual Amt
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
<b>Total Projected Monthly PA Expense</b>		<b>\$0</b>

### B. Personal purchases that consumer needs or wishes: (Specify)

Item	Cost
Vacation	\$0
Clothing	\$0
Music CD's	\$0
Recreation and Leisure (Musical Concerts, etc.)	\$0
Decorative Items for Room	\$0
	\$0
<b>Total Personal Purchases</b>	<b>\$0</b>

**C. Contribution to PASS (if appropriate)**

Monthly Amount	Amt Per Year	Last Year End Balance
\$0	\$0	\$0
Cumulative Total		<b>\$0</b>

**D. Other projected expenditures for consumer's benefit**

Item	Cost
	\$0
Total Other Projected Expenses	<b>\$0</b>

**E. Summary of Projected Expenditures**

Total from Personal Allowance/Expenses Sec. A	\$0
Total from Personal purchases Sec. B	\$0
Total from PASS Sec. C	\$0
Total from Other Sec. D	\$0
Total Projected Expenditures:	<b>\$0</b>

**PART III: PROJECTED Year End Balance**

Total from Part I: A Assets	\$0
Total from Part I: B Earnings	\$0
Total from Part II: E Expenditures	\$0
Projected End of Year Balance	<b>\$0</b>

**PART IV**

A. Name of person with overall responsibility for implementation of Individual Financial Plan.

\_\_\_\_\_

B. Name of person responsible for monitoring expenditures in the Individual Financial

\_\_\_\_\_

**V. Expenditures of Consumer Funds During Previous Year**

1. Personal monthly allowance	\$0
2. Cost of Care (per month)	\$0
3. Recreation/Leisure Costs	\$0
4. Clothing costs	\$0
5. Equipment Purchases (electronic, therapeutic)	\$0
6. Vacation	\$0
7. Personal Care Items	\$0
8. Xmas Shopping	\$0
Total of consumer Money Spent:	<b>\$0</b>

**VI. Consumer's Projected Contribution to Cost of Care**

Monthly Amount	Annual Amt.

**VII. Consumer Accounts:**

Co-Signer: \_\_\_\_\_

(Name and Telephone Number)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

**VIII. IFP Developers:**

The following persons participated in the development of this Individual Financial Plan:

**NAME**

**RELATIONSHIP TO Consumer**

_____	_____
_____	_____
_____	_____
_____	_____